

FILED FEB 24 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5920

State File No.

BIRTH NO. <u>124</u>		REG. DIST. NO. <u>316</u>		PRIMARY REG. DIST. NO. <u>6075</u>		Registrar's No. <u>48</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Francois</u> b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Francois Rural</u> c. LENGTH OF STAY (in this place) <u>15 yrs</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital #4</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Washington</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>Berryman</u> d. STREET ADDRESS (If rural, give location) <u>119th</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Elma</u> b. (Middle) <u>Augusta</u> c. (Last) <u>Phipps</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 31, 1950</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widow</u>		8. DATE OF BIRTH <u>Sept. 21, 1889</u>		9. AGE (In years last birthday) <u>60</u>		10. IF UNDER 1 YEAR Months <u>4</u> Days <u>10</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Madison Co. Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>E. M. Graham</u>		13b. MOTHER'S MAIDEN NAME <u>Victoria Golden</u>		14. NAME OF HUSBAND OR WIFE <u>Mathew Phipps</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Records State Hospital No. 4, Farmington Mo.</u> ADDRESS			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Sclerosis and hypertensive Cardio Vascular Renal Disease</u> DUE TO (c) <u>Unknown</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Dementia Praecox Psychosis - - - - -</u> 19a. DATE OF OPERATION				INTERVAL BETWEEN ONSET AND DEATH <u>1 mo.</u> <u>4201</u> at least <u>15 years.</u>	
19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>March 4, 1949</u> , to <u>Jan. 31, 1950</u> , that I last saw the deceased alive on <u>Jan. 31, 1950</u> , and that death occurred at <u>4:30 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>John R. Brennan MD</u> (Degree or title)		23b. ADDRESS <u>State Hospital No. 4, Farmington Mo.</u>		23c. DATE SIGNED <u>2-6-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-2-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Christian cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Fredericktown, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Feb. 16, 1950</u>		REGISTRAR'S SIGNATURE <u>Ethel R. Riddle</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>T. Adamson</u>		ADDRESS <u>Fredericktown, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

FEB 21 1950

DISTRICT HEALTH OFFICE No.

File No. 250-251

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

L. Talan Adamson
Licensed Embalmer No. 4351

P. O. Address Fredericktown, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.